

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	T-TYPE BONE ANCHOR
Attorney Docket Number::	WLD-005
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	3
Total Drawing Sheets::	1
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Status::	Full Capacity
Given Name::	Walter
Middle Name::	J.
Family Name::	Leclair
City of Residence::	Shrewsbury
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	49 Sheridan Drive #7
City of mailing address::	Shrewsbury
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	01545

Correspondence Information

Correspondence Customer Number:: 00959

Representative Information

Representative Customer Number:: 00959

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/444865	02/04/03